



60-day prescriptions: benefits and cost savings

September 2023

Note: all examples used in this fact sheet quote PBS dispensed price/maximum quantity prices not the maximum General Patient Charge and do not include any allowable additional patient charges or any discounts that are at the discretion of individual pharmacies to apply.

60-day prescriptions are making medicines cheaper for Australians with a range of ongoing health conditions. Patients buying PBS medicines will save more than \$1.6 billion over the next 4 years due to 60-day prescriptions.

Patients with a 60-day prescription for a PBS medicine may save up to:

- \$180 a year, per medicine for Medicare card holders who do not have a concession card
- \$43.80 a year, per medicine for concession cardholders.

Patients who have medicines on 60-day prescriptions will pay only one dispensing fee for 60 days' worth of medicine, rather than two dispensing fees for two single-month supplies.

The amount a patient will save on the cost of their medication depends on several factors including the cost of the medication, any allowable discretionary discounts offered by the pharmacy and whether additional manufacturer surcharges (i.e. brand premiums) apply. This fact sheet provides further information on cost savings available with 60-day prescriptions.

PBS medicines with the \$30 general co-payment amount

For an eligible patient who pays the \$30 general co-payment for their PBS medicines, they will receive 60-days' worth of medication for the cost of 30 days.

For example

A patient pays the \$30 general co-payment for their medication, mesalazine, on a 30-day script. Now, with a 60-day prescription their cost is the same as a 30-day supply of the medication.

PBS medicines that cost less than the \$30 co-payment

The saving will be less where the cost of the medication is below the maximum \$30 general co-payment amount, or where additional manufacturer charges are applicable.

In this case, while the maximum cost of a 60-day prescription is not the same as for a one-month supply, it is usually less than the maximum patient cost for two one-month prescriptions.

For medicines priced below \$30, pharmacies are permitted to offer discounts on the cost of the prescription to the consumer. The size of the discount offered for under co-payment medicines is at the discretion of each pharmacy (if any) and can vary from pharmacy to pharmacy and over time.

Example one

Previously, a patient may have paid up to \$45.90 for two one-month scripts of the 2.5mg strength tablet of bisoprolol, for a premium free brand, paying \$22.95 for each prescription. Under the 60-day prescription, the maximum cost for a premium free brand of the medicine is only \$28.22 for the two-month supply. That would be a maximum saving of \$17.68 every two months, or \$106.08 per year.

Example two

Previously a patient may have paid up to \$42.60 for two one-month scripts of the 10 mg strength tablet of enalapril, for a premium-free brand, paying \$21.30 for each prescription. Under the 60-day prescription, the maximum cost for a premium-free brand of the medicine is only \$24.92 for the two-month supply. That would be a maximum saving of \$17.68 every two months, or \$106.08 per year.

Example three

Previously a patient may have paid up to \$40.78 for two one-month scripts of the 5mg strength tablet of rosuvastatin, paying \$20.39 for each prescription. Under the 60-day prescription, the maximum cost for the medicine is only \$23.10 for the two-month supply. That would be a maximum saving of \$17.68 every two months, or \$106.08 per year.

Brand premiums

A brand premium may apply to some medicines and is an additional payment that patients pay to the manufacturer of their specified brand of a PBS medicine.

Any applicable brand premiums are not included in the cost savings for 60-day prescriptions and will still need to be paid by the patient. Brand premiums are only permitted where an alternative, premium free, TGA registered brand is available on the PBS for substitution by the pharmacist. Patients should speak to their pharmacist to discuss dispensing of premium-free alternatives. This can ensure greater savings for patients.